

Special and Prenatal Psychopedagogies in Light of the Paradigm of Unity

ABSTRACT

The unity existing between the mother and the prenatal child is very intimate and unique. It is also multidimensional as it exists on different levels, e.g. biological, mental, or spiritual. It is a condition for the child's life, and gives the two an opportunity for personal growth, the development of previously unimagined potentialities, a "school of feelings", a space for the formation of the most permanent, close and deep ties. Social life is grounded in this unity of the two, the mother and the prenatal child. This unity is a lesson for both to live with and for each other, to live the other. Unity in the dyad mother–prenatal child, the dynamics of bond formation, and the characteristics of this unique personal prenatal union can serve as a model for any interpersonal relationship, especially with persons with disabilities, whose life situation is in many respects similar to that of the prenatal child. Social attitudes toward these two groups of underprivileged people are similar, as well. The article discusses the resemblance between the conditions of the objects that special pedagogy and prenatal psychopedagogy study, the area of mutual cooperation between these two sub-disciplines of pedagogy, the paradigm of unity and the art of love, which can be used both to interpret the mother–child prenatal relationship and as a model for interpersonal relations in various social situations, especially with persons with disabilities. A community that has the characteristics of the

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first environment of human life – the mother's womb – allows people to be human and realize what is most valuable in this humanity. The specific prenatal relationship between the mother and the child, and between the child and the parents, is a desirable model of mutual love, which should permeate all human interactions – called the culture of giving, and *the culture of communion*.

KEYWORDS: prenatal psychopedagogy; special pedagogy; unity; mutual love; prenatal child; person with disabilities; Focolare Movement

INTRODUCTION

From the methodological point of view, every science has a material and a formal object. Such a distinction was made by Thomas Aquinas in his *Summa Theologica*, who distinguished theology from philosophy. The material object of a science is the object of its interest; the formal object, on the other hand, is the aspect in which the studied object is framed. The perspective adopted for the material object determines the way in which issues are framed for the given discipline of knowledge (Mazan, 2012, p. 88).

Pedagogy is a methodologically distinct science with its own material and formal object of study. It has its own topics, tasks, goals and methods of research and analysis (Bronk, 2003). Special and prenatal pedagogies are two sub-disciplines of pedagogy. They belong to the field of pedagogy, which is a discipline within the field of social sciences. Thus, they have the same material object as pedagogy, but differ in their formal object. The material object of both special pedagogy and prenatal pedagogy is the human being, their formal object is the human being with disabilities (special pedagogy) or the human being in the prenatal stage of life (prenatal pedagogy).

SIMILARITY OF THE CONDITION OF THE SUBJECT
OF INTEREST IN SPECIAL AND PRENATAL PEDAGOGIES

Special pedagogy and prenatal psychopedagogy are two sub-disciplines of science that have much in common, although on the face of it the situation of a person with motor, sensory or intellectual disabilities differs radically from that of a person at the embryonic or fetal stage of development. However, a deeper reflection highlights the fact that the conditions of a human being before birth and a person with a disability are similar in many ways and the two sub-disciplines of pedagogy have much in common when considered in the light of the paradigm of unity, having much to gain if they apply it in their respective domains.

I propose to consider the above issue in several respects: the source of cognition, the anthropological foundation, goals of sciences, and the object of interest of the two sciences in question.

As for the source of cognition, both of these sub-disciplines of pedagogy are informed by theoretical knowledge, empirical research, and the practice of life.

The anthropological foundation of special and prenatal psychopedagogy can vary and can be freely adopted, but, notably, it has an impact on the approach to the subject of their interest. If we want to affirm the dignity of the human being, the value of his or her life and the right to life, as well as the moral and psychological well-being of the person (Kornas-Biela, 2011), then both sciences require the adoption of a similar anthropological perspective. The most adequate approach in both these pedagogical sub-disciplines is Christian anthropology, as it proposes a vision of the human being where persons in both of the above underprivileged conditions of life are protected from various forms of violence (neglect, distancing, devaluation, delegitimization, segregation and extermination), it safeguards their rights, and makes the person's fullest development worthwhile.

Both special and prenatal psychopedagogy have goals that coincide with those of general pedagogy, as they are its sub-disciplines, but they also have their own specific approaches to their goals, which are distinct in accordance with their proper domains. Prenatal psychopedagogy has cognitive (descriptive, verificative and explanatory) and applicative goals (Kornas-Biela, 2009, pp. 228–236). The goals of special pedagogy are formulated similarly, as it also seeks to know, describe, explain the object of its interest and include adequate ways of care, assistance, support, education, therapy and rehabilitation towards persons with disabilities.

The object of interest of special and prenatal psychopedagogy, as well as the way it is framed and the threats to it in the modern world are also very similar. Both pedagogy sub-disciplines deal with the human being in his or her development and the process of education. Prenatal pedagogy focuses on the pre-birth phase of life and parents during the process of procreation, while special pedagogy deals with a person in a specific life situation, where significant damage and impairment of their bodily functioning makes it difficult, limited or impossible for them to perform life tasks and fulfill social roles in life situations. What the two sciences have in common is that they focus on persons in specific life circumstances – a person with a disability, like a prenatal child, requires specific, personalized care from the environment to secure him or her the rights that others have, alongside with, first and foremost, the fundamental right to life, as well as the fullness of their development.

The life condition of a person developing prenatally and that of a person with a disability are similar in many respects. They are characterized by, among other things, the “frailty” of the physical or mental condition, which distinctively reveals the contingency of human beings and their fragility, greater vulnerability to physical damage or destruction, defenselessness, insufficiency and dependence, hence dependence on others in varying degrees, reliance

on the care and assistance of others, difficulty in demonstrating one's potential.

Social attitudes toward pre-born persons and those who deviate from the psychophysical norm are very similar. In both situations, a person's functioning deviates from the so-called statistical norm, established by the majority of the population. Negative social beliefs, stereotypes and attitudes towards those two groups give rise to a stigma that affects their life situation and sometimes determines their survival. The social psychology of stigma makes it clear that people are more likely to be stigmatized when they take more than give to society, those who cannot reciprocate or threaten the functioning of others, the interest of the group (Heatherton et al., 2007). This applies to unborn children and persons with disabilities.

The most threatening factors that the two groups are exposed to (cf., e.g., Speck, 2005, pp. 161–167, 171, 177; Dykcik, 2005) include:

- questioning the unconditional value of their lives and the widespread withdrawal of acceptance of the absolute value of their lives, hence the undermining of their right to life and development;
- detracting from their dignity as persons and their inviolability (no unconditional respect);
- treating them like aliens or strangers, questioning their unconditional status as community members, without exceptions, without questioning or verification;
- undermining the sense of their existence;
- objectification, dehumanization;
- increased violence against people who are weak, defenseless, different, whose psychophysical condition deviates from the prevailing norm and the condition of the general public;
- a verbally declared positive attitude, which, however, has no practical application; social distancing, reluctance to engage in activities for their sake; fear of them;

- linking their right to life with economic utility (ethical and economic aspects combined). Financial calculations highlight the social costs associated with the development and upbringing and then maintenance of a person with a chronic disease or disability (with their treatment, rehabilitation, education, employment in special conditions); this argues against having a child at risk of abnormal development (an argument for abortion); estimation of the financial burden on the family and the state; the social uselessness and unprofitability of persons with disability are emphasized – “they cost us so much” (Kornas-Biela, 2006, p. 96).

In modern society, both a prenatal child and a person with a disability are endowed with a “double social identity” (Crane, 1999, p. 55) – that is, on the one hand, they are treated as fully entitled subjects of the law (they may have the status of patients, they can be diagnosed and treated, people who cause them harm or suffering may be held legally responsible); on the other hand, they may be perceived as “incomplete” individuals, who require “special” care, commonly linked to considerable efforts and resources (money, time, mental, emotional), and being the source of worry and problems for others (Błęszyńska, 1999, p. 64). The commercialization of various spheres of our lives, including medicine, is “a derivative of the soaring cost of medical treatment, and induces medical and social service workers to listen to economists more than their own conscience” (Szczeklik, 2006, p. 8).

Speck (2005, pp. 179–180) brought attention to the degraded understanding of compassion that we have toward weak, sick or disabled persons. If compassion is reduced to a reactive feeling that causes displeasure and unwillingness to look at it and a desire to eliminate or avoid such feelings, it will turn into the exact opposite. If, at the same time, such perverted compassion concurs with the desire to get rid of suffering and achieve the state of greatest possible happiness (understood as freedom from suffering), rather than solidarity with the sufferer, one develops

a desire to free him or her (and oneself) from suffering through compassionate killing. A clear example of such misunderstood compassion used as a defense mechanism is eugenic abortion, justified by the welfare of the prenatal child with a congenital defect or disease, as well as the welfare of its parents and siblings, burdened by the child's suffering.

AREA OF COOPERATION BETWEEN SPECIAL AND PRE-NATAL PEDAGOGIES

Special pedagogy, by broadening its scope to humans across their lifetime has gained a new field of interest – the prenatal child, especially when at risk of disability (Kornas-Biela, 2012b, p. 166). This child is of interest to both sciences. I have written about the possibilities of developing cooperation between these two sciences, also in a book (Kornas-Biela, 2009) and in an extensive chapter titled “The multidimensionality of the reflective and educational space of prenatal and special pedagogy” (Kornas-Biela, 2012b), as well as an article with my reflections on Chiara Lubich's “Resurrection of Rome” (2019) from the point of view of special pedagogy.

Finding a disease or congenital defect in a prenatal child threatens its existence in the modern world. In this situation we may discover how quickly our ostensibly positive attitudes toward a person with a health or functional problem might turn into fear, resentment, loss of dignity, focus on weaknesses, avoidance, reluctance to help, deprivation of the right to life and extermination through biological destruction of human beings. We are outraged by the conduct of the Spartans, who would throw sick, crippled newborns off the rock on Mount Taigetos. However, how is their practice different from ours considering eugenic abortion? It is just the same: suppression of life motivated by bodily defects, the difference being lying only in the earlier detection of a health issue

in the yet unborn child, and therefore an earlier elimination of the disease together with the patient. The period of several months prior or later on the lifeline does not alter the moral qualification of the act, which is an attempt on the life of another human being (Kornas-Biela, 2012a).

THE PARADIGM OF UNITY IN PEDAGOGY AS A SOCIAL AND HUMAN SCIENCE

Referring to Thomas Kuhn (1962), the term “paradigm” in pedagogy should be understood very broadly, “as philosophical and methodological beliefs shared by some scientific community about how to see research problems, about the approach to the studied phenomena, acceptable research methods, and expected results of research work” (Szymański, 1997, p. 256).

One paradigm that fits particularly well in the modern search for harmony, peace, brotherhood and meaning in life is the paradigm of unity (to be distinguished from the holistic paradigm; Śliwerski, 2020). It can be understood in various ways (cf. Śliwerski, 2017). The paradigm of unity in the social sciences is a necessity of the moment, especially evident in the sub-disciplines of pedagogy, such as special and prenatal pedagogy.

The achievement of the goals of these two fields, especially the applicative goal, is made possible by making use of the paradigm of unity, which develops thanks to the work pursued within the Church and society by Chiara Lubich (1986, 1989, 2004, 2007, 2014, 2016, 2020; Szewieczek, 2003; Abignente, 2010; Gentilini, 2020) and the members of the Focolare Movement that she founded. The Focolare Movement, called by Bogusław Śliwerski (2017, p. 56) a vehicle for the pedagogy of unity, proposes a paradigm of unity that thrives on the appeal of the pedagogical ideal of unity among people, the search for what people share, what unites them, and what cultivates mutual love and fraternity.

In the laudation delivered, on the occasion of the conferment of an honorary doctorate in the social sciences to Chiara Lubich on June 19, 1996, the Dean of the Faculty of Social Sciences of the Catholic University of Lublin, Adam Biela (1996, 2020), emphasized that the possibilities of applying the paradigm of unity as envisaged by Chiara Lubich provides an opportunity for a turn in the social sciences analogous to the Copernican turn in the natural sciences. Indeed, the social sciences are still desperately searching for a paradigm to overcome the culture of absolute autonomy of individuals or elite groups with no regard for the well-being of others, of individual ambition and rivalry that often promote violent behavior, as well as the growing disparity between those who are successful or in power, are or feel superior, have intellectual potential, ability or influence, and those whose personal condition and life situation is quite different. Thus, the social sciences are looking for a paradigm that would help shape a social reality in which there is harmony, mutual kindness and love, solidarity, selfless help and care, and concern for the common good (Biela, 1996; cf. Grochmal, 2013a, 2013b).

In a situation where the person's life is so commonly threatened in its early stages and where one's right to the optimal development of one's personal potential in a situation of disability is infringed, it seems fair to reach for a paradigm of unity that will allow us to grasp and interpret reality in the light of a personalistic vision of the human being and thus accept the unquestionable dignity and value of the person and the absolute right to life, whether people live *in utero* or beyond, whether they apprehend and respond to the world inside the mother's body, or when they have profound intellectual disabilities or multiple or complex disabilities. The paradigm proposed by Lubich will make it possible to grasp the shared elements of the two sub-disciplines of pedagogy, special and prenatal pedagogy. Kornas-Biela (2014) proposed that this paradigm be included within prenatal pedagogy.

THE PRENATAL UNITY OF TWO PERSONS AS A MODEL OF HUMAN RELATIONS

The unity existing between the mother and the child before birth is very intimate, unique and multifaceted (it exists on different levels, e.g., biological, neurohormonal, mental, social and spiritual). It is the life condition for the child, and for both of them an opportunity for personal growth, the development of previously unimagined possibilities, the “school of feelings”, the formative space for the most enduring and intimate bonds. Here originates social life and one’s ability to open up to others, seek, establish, maintain and rebuild this contact. The mother–prenatal child dyad is an example of existential unity. Social life is rooted herein, as this unity teaches them both to live with and for the other, and live the other.

The mother–prenatal child dyad, the dynamic development of the bond between the two persons and the characteristic properties of this specific personal, prenatal union can be a model for all interpersonal relations, especially with people with disabilities. Of course, this model applies only to those prenatal relationships that are characterized by a positive relationship between the mother and the child, and not affected by an injury, disorder or other pathology.

The paradigm of unity in prenatal pedagogy emphasizes the communal nature of the intrauterine environment, where continuous interpersonal communication occurs at various levels between the mother and her child – their living dialogue, which is made possible only by the unity between the two in different respects. At least two types of prenatal unity can be distinguished: substantive unity and interpersonal unity.

Substantial unity

1. From conception, human development is a physical, psychical, social and spiritual unity, because it is the development of a hu-

man being who has been genetically programmed to develop as an integral person. Each participant in the prenatal relationship is a distinct person with an identity, being totally dependent on the mother, whereas the mother cannot actually be a mother (in the state of pregnancy) without a child. Also, a person with a disability, regardless of the type, severity and extent of the symptoms, is a personal subject with a physical, psychical, social, and spiritual structure, although their accidental properties may not indicate this, and sometimes it is difficult to see the substantive properties of this structure.

2. The unity of the processes of development and education is present both before and after birth, regardless of the person's health condition and capabilities. What is necessary for the child's body to develop also serves as an adequate basis for the child's education; what is necessary for the education of the child as a person also promotes the proper development of the child's bios.

3. As regards unity understood as the continuity of development, there are close links between the prenatal, perinatal and postnatal development, as prenatal conditions affect the quality of human functioning after birth. This continuity of development is particularly evident in situations of hereditary or congenital disabilities caused by various factors of early intrauterine development.

Interpersonal unity

1. The unique situation of the prenatal child requires the unity of the two, which is unity in the diversity that the two parties to this relationship represent, the unity of coexistence and interdependence of two distinct persons, and at the same time their distinctness and otherness – that is, unity and interdependence despite their ontic and functional difference. Therefore, we are dealing here with two subjects and in the case of their health or functional infirmity, with two patients.

The nature of the mother-prenatal child dyad is unique: only in this communion do we become persons. This prenatal union, the bond between the mother and the child, has a personal significance for the child, but also for the mother. In this relationship there is an exchange of gifts – one is a gift to the other, also in relations with persons with disabilities – both sides give and receive, both enrich each other and themselves, too.

2. The state of unity between the mother and the prenatal child requires a unity of the triad mother-father-their child. Otherwise, abnormalities or disorders in the course of pregnancy and child development may occur. The unity of the prenatal mother-child dyad can be a model for interpersonal relations. This is because other people are needed, each contributing their personality so that the person with a disability can develop. And the more severe the disability, the more important the physical closeness and forms of communication based on that proximity and sensory contact.

3. Humans are social, relational beings. They need other human beings from conception to natural death. They cannot function without contact with others (even psychological or spiritual contact). From the moment of conception, they need to communicate with someone else – communication with another human being is essential for biological survival and physical and mental development. The need for and the significance of interpersonal communication for human development is particularly evident in the case of an unborn child and a person with a disability, since “the other” allows one to grow and develop in a given situation and specific conditions, which give rise to different degrees of dependence on another person.

4. The characteristics of the relationship between the mother and the prenatal child can be a model for interpersonal relations, especially those with a person with a disability. such as constant and reliable presence, physical closeness, intimacy, psychological bonding, love, tenderness and cordiality, accessibility, openness

to the other and attentiveness, mutual devotion and entrustment, giving oneself to the other, trust and hope, selflessness, cooperation, cooperation at various levels (including unconscious), fraternal communion.

Social life is rooted in the unity of two: the mother and the prenatal child. The latter depends on the mother for everything it needs to live – she will do everything for the child, who in turn needs the responsibility of both parents to help it grow before birth. A person with a disability needs a similar disposition of the heart and the responsibility of the surrounding people. Depending on the type, degree and extent of the disability symptoms, these persons are more or less dependent on their environment to cope with the demands of daily life and their social roles. Therefore, they need various forms of the “prenatal disposition of the heart” from people around them to organize their living space to have everything they need for growth and development. Just as the prenatal unity of two persons is a lesson for the mother and the child (the father, too) in living with, for and through the other, in relationships with persons with disabilities we face the challenge of living with, for and in the world of the other. Moreover, this is a challenge not only to persons without disabilities to create such an inclusive environment of social life; it is also a challenge to persons with disabilities not to develop negative attitudes toward persons without disabilities, like feelings of helplessness, a sense of entitlement, isolation or hostility.

LOVING IN LIGHT OF THE PSYCHOPEDAGOGY OF UNITY

If special and prenatal psychopedagogies make the paradigm of unity their own, its application will illustrate the art of loving, which Chiara Lubich (2004, p. 21) put as follows: love as first, love everyone, love your “enemies”, i.e. love everyone as oneself,

love selflessly, love “no matter what” (Lubich, 1989; Szewieczek, 2003, pp. 129–134).

Love as first

This principle, which is an essential feature of maternal love at the stage of prenatal development and projected onto relations with persons with disabilities, means reaching out first with love to each person, rather than waiting for their act of kindness. It refers to the mother meeting the needs of the child, taking an interest in the child, making and maintaining contact, which is important for the experience of the encounter for both the mother and the child developing in her womb. Loving as first also implies agency, that is, taking the initiative to connect, care for the well-being of the other, take responsibility for the other, and grow in mutual love with a person who differs from us but becomes close nonetheless.

Love everyone

This principle means that in our interactions we get rid of prejudices, stereotypes and thoughts that cause division and alienation. On the contrary, we overcome the barrier of confinement within our own world and indifference. Just as the mother, in order to form a bond with her prenatal child, has to open herself to all that the child brings and will bring into her life, so in relations with persons with disabilities, there is a need for an attitude of openness to reciprocal gift-giving, which requires respecting differences, treating them as a value, enriching the encounter rather than being an obstacle. It is also an attitude of looking seeking what we share, what unites us. This is particularly difficult when a child has been given an unsuccessful prenatal diagnosis, and it is necessary to learn a love that unconditionally welcomes everyone, and does not reject anyone because of any of their characteristics. Such love lies at the heart of an open and inclusive society, in which a person with a disability is treated as a gift, not as a burden.

Love your “enemies”

This means to love another person regardless of whether this love is reciprocated, costs a lot, requires us to give up our own expectations and habits. This is because we may sometimes feel that other people threaten us, and we will have to, for example, invest our money, time, energy or care. An unplanned child, a child with an unsuccessful prenatal diagnosis, or a person with a disability may be treated as an “enemy” that puts our plans at risk. The principle of love for the enemy is an emanation of the ultimate right of fraternal love, as it calls us to love everyone as ourselves, for “the neighbor is another you, and as such you are to love them.... And do not look for excuses for love. A neighbor is everyone you meet” (Lubich, 1989, pp. 54–55).

Love selflessly

This principle emphasizes the unconditionality of reciprocal love, but also its selflessness – expecting nothing in return. The example of the mother’s love towards her prenatal child, the absence of selfishness and unconditional acceptance of the another person in her life (e.g., that the child should have been planned and healthy) is a model for love in relationships with persons with disabilities. We do plan to reciprocate our unconditional love, we give ourselves to the other in an unconditional gift. Such a love is often very fruitful, in the form of personal growth, for each member of the relationship.

Love “no matter what”

This principle highlights the important characteristic of love, which is to love despite the odds, discouragement and burnout (parental, professional), for better or worse. Such a love “goes to the end,” embracing the other as they are and under any circumstances. Accepting a prenatal child without any conditions that it must meet to be born can be a model of love for people with

disabilities – to love always, with one's whole self, to want and do one's best for one's neighbor.

To love, or unite with another, is a principle that guides one to come as one with another person. During the child's prenatal development, such unity between the child and the mother is an essential feature of the womb environment and can be a model for relationships with persons with disabilities. For we need to create a community of spirit, of experiencing, experiencing and acting.

Life and development occurs when there is love, it is the basis and space of existential human unity – prenatal as well as postnatal, especially in hindered conditions. Love, which is the mother's love for the child growing in her womb, should be love in all our relationships, especially towards persons with disabilities. An educator's competence and skills are of no use without their love for the person, and without an attitude of unity. That is because the educator works not so much with techniques or strategies, but with their own person. Thus, it is important who they are. The important features include their personal maturity, continuous work on self-improvement, their value system, the sense of life and the sense of suffering, their life goals, profound spiritual life, their relations with people, respect for people with disabilities, unconditional acceptance of life, joy of life and, most importantly, love for the other person.

The proposed art of loving, the fruit of which is fraternal unity, requires humility, rejecting the desire for control, power or domination over another human being, in order to serve others with cognitive curiosity and readiness, to discover their beauty and help them develop. Every person, regardless of age (including prenatal) and psychophysical condition (including a disability), is in need of such a love. An attitude that presupposes open and trusting treatment of another person as a brother or sister, with a capacity for love in order to be one, is an enormous challenge in the 21st century (Fudali & Rynio, 2021, pp. 562–563).

CONCLUSION

Achieving unity between people is possible if mutual relations are based on the model of a positive prenatal mother–child relationship, which is close, unconditional, open, and focused on the welfare of the other person. A method based on the art of loving, so important in the prenatal mother–child relationship, may be transferred to every interpersonal relationship, especially towards vulnerable persons or persons with disabilities. The new paradigm of interpersonal unity based on fraternal love is grounded in relational ontology – it requires a Copernican turn in thinking, in attitudes and in action, so that the value of love and fraternal unity modelled on prenatal unity are the paradigm for new forms of coexistence among persons with and without disabilities.

Every encounter between two people is a relationship. One realizes oneself in it, develops through relationships and for relationships (Albigente et al., 2007, p. 1019). All social environments need relationships that have the characteristics of the prenatal union. Such a community, which has the characteristics of the first environment enveloping human life, the mother’s womb, allows a person to be human and realize what is most valuable in their humanity. The dynamics of bond formation and the distinctive features of the prenatal union can be a model for all human relations. This is because all social environments need relationships based on communication, closeness, selflessness, fraternity, accessibility, openness, devotion, self-giving, trust, cooperation, reciprocity, and attentiveness. Indeed, the unique prenatal relationship between the mother and the child, and that between the child and its parents, can offer the desirable model of interpersonal communication and the model of mutual love which should permeate all interpersonal contacts, in what has been called the “culture of giving” (Szewieczek, 2003, pp. 120–123; Kornas-Biela, 2016).

The methodological perspective that proposes to enrich special and prenatal pedagogy with the paradigm of unity, is promising because it enables and promotes integration of research as well as positive and welfare-oriented actions for human beings, both those developing prenatally and those who struggle with disabilities. Application of the paradigm of unity helps humans develop in all conditions of life, towards spirituality in unity, also known as the spirituality of community or the spirituality of communion (Lubich, 2004).

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